



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.
EXECUTIVE DIRECTOR, CONNECTICUT LEGAL RIGHTS PROJECT, INC.
JUDICIARY COMMITTEE, PUBLIC HEARING 3/18/16

IN OPPOSITION TO: HB 5531, AN ACT CONCERNING THE CARE AND TREATMENT
OF PERSONS WITH A MENTAL ILLNESS OR SUBSTANCE USE DISORDER.

Senator Coleman, Representative Tong and members of the Judiciary Committee:

My name is Kathy Flaherty, and I am the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. Karyl Lee Hall, a senior staff attorney at CLRP, will be testifying about the legal impact of this proposed bill. The language, as currently proposed, would inappropriately expand the situations in which a conservator with authority to consent to psychiatric medications could be appointed, and would allow for involuntary administration of such medication in outpatient settings. The state's fiscal current situation has necessitated devastating cuts to the mental health care service system for people who actually want services. If the state cannot fully fund the provision of services for people who want them, this is not the time to discuss establishing an expensive infrastructure to coerce people into treatment.

Today I want to share my personal experiences with the imposition of unwanted treatment so that you will have an increased understanding of why so many of us who live with a mental health condition are against this bill, and why this bill won't help people like us.

I am a person living with a diagnosis of bipolar disorder, correctly diagnosed during my first year at Harvard Law School, several years following my initial entrance into the mental health treatment system after experiencing problems with depression and anxiety my senior year at Wellesley College. One of the first things I did during law school orientation was visit the school psychiatrist; I started seeing her regularly. She was the first to suggest that I was experiencing symptoms of mania, and that I consider taking a leave from school and checking myself into a hospital.

Like many young adults experiencing their first manic episode, I did not think that anything was wrong with me. I was making new friends, joining just about every student organization on campus, and founded a new student organization. I was cooking pasta dinners for the other

residents in my dorm on Wednesday nights. I was losing weight. I wasn't sleeping much. When I managed to get myself to class, I couldn't sit still; I usually was sitting in the back-benches because I was rarely doing my homework. One day, the resident assistant on my floor told me that I was at Harvard Law School for a reason – and that I needed to buckle down, do my work, and start reading cases. I told her to get off my back or I would jump off the roof of Langdell Hall, the law school library (the big white building from the movie “The Paper Chase”). I had no intention of doing any such thing; however, she reported this to the law school psychiatrist.

I arrived for my appointment on October 11, 1990 and my father was there. I was 23 years old at the time. I had a feeling that nothing good was about to happen. I was right. The doctor told me that she had signed papers to have me admitted to McLean Hospital. I walked out of her office and went outside, and was brought back into the building by Harvard University police officers. I followed the ambulance attendants into the ambulance, and was brought to the hospital. I was given a booklet about my rights as a patient, so I signed myself into the hospital so I could sign myself out again. The hospital initiated a petition for my civil commitment, a hearing was held, and I was committed for a period of up to six months. I was discharged 60 days after my admission to the hospital when my insurance coverage ran out.

I was permitted to return to Harvard Law School the following fall, on certain conditions. Among those conditions were that I had to remain on medication. I had been told by my doctors when I was admitted to the hospital that I would need to remain on medication for the rest of my life, because the medication for bipolar disorder was “just like” insulin for diabetes. I stayed on medication for my three years of law school, despite adverse effects like weight gain, because I wanted to be in law school more than I wanted to be in good shape. Upon my graduation, I talked to my psychiatrist about tapering off of medication. He did not agree with that plan, but he respected my legal right to choose and helped me do it. That was June of 1994.

Fast forward to January 1995 and I had returned home from a job teaching first year law students in Ireland to check myself back into McLean. I started taking medication again – and began a 20 year journey of basically trying every new medication that came out, because none of them worked to address the unremitting, treatment-resistant suicidal depression that I experienced. I never had another full-blown episode of mania, but the depression wouldn't go away.

I stayed on medication for most of those years only because I had to – my admission to the Connecticut bar (unlike my admissions to the bars of New York and Massachusetts) was conditional on my remaining in treatment. I disclosed that I had been hospitalized on my application to the bar; this resulted in a 1.5 year delay in my admission, and nine years of having to report to the Statewide Grievance Counsel every six months that I was compliant with my treatment, and submit a letter from my doctor every six months confirming that I was taking my medication as prescribed. I would get phone calls from the Statewide Bar Counsel if the letters from my doctor were more than a week late.

I would like to note that during that time period, even though I was compliant with my medication as recommended by my clinicians, I also tried to commit suicide five times. When I

wasn't actively suicidal, I showed up to work every day, but spent most of the day wishing I was dead. I put my husband through hell during the early years of our marriage. Fortunately, he's a far better person than most, and we will be celebrating our eighteenth anniversary this October.

Three years ago, I decided that I no longer wanted to be on medication the rest of my life. I was friends with far too many people who were able to maintain their recovery successfully, without medication. They were doing all those things that all of us are told to do, but don't do very well – eat more healthfully, exercise, get enough sleep, and reduce stress. I once again talked with my APRN, because I was incredibly nervous about reducing my medication; the one time I had gone off it in the past had not worked out well. She told me that it was likely the impact of other things going on in my life at the time – being in another country, being in an abusive relationship – that made it that much more challenging for me to maintain my mental health. She felt that I would be able to live without medication, and supported me in my efforts to slowly taper off it.

I have not taken medication for my bipolar disorder in more than three years. I have never felt better. Too many people think “if only they would take their meds” that everything would be fine. I am here to tell you that no solution will be found in a pill, or a shot. Recovery is a process that takes time and involves making mistakes. Coercive treatment only drives people away from help. Asking someone what services and support she needs, and making those available, meets someone where she's at and makes it that much more likely that she will engage with care. Holding a sword of Damocles over someone's head might result in short-term adherence, but will not bring about the long-lasting changes we all want to see. I would not have been able to recover without assistance and intervention from medical professionals, but the prescriptions I received were not what ultimately kept me well. What supports my recovery is the ability to maintain meaningful connections with family and friends, having a job that I love, and participating in activities that I enjoy. The thought that my choice to have refrained from using prescribed medication in the past could be used as a legal justification to force me to take medication I do not want to take, should future circumstances ever lead to my admission to an inpatient facility, is horrific. .

Thank you for taking the time to listen to my story. I am happy to answer any questions you may have.